



State of Utah

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Senator Terry R. Spencer
Representative Carl R. Saunders
Health and Human Services Interim Committee
State Capitol Building
Salt Lake City, UT 84114

Dear Committee Members:

The Utah Telehealth Commission (the Commission) is entering its second year of existence having spent the past 12 months developing a clear understanding of the historical aspects of telehealth in Utah, and a forward looking vision of how to leverage telehealth technology to its full potential within the State.

Utah is somewhat unique among its peer States in that all of its counties are categorized as "Health Professional Shortage Areas" (HPSAs) for one or more of the major health provider segments. Twenty-seven Utah counties are HPSA counties for all three health care segments, including primary care, mental health, and dental care. This unique status is often referred to as the "health care divide".

With careful planning and the support of the legislative and executive branches of State Government, the Commission's vision will advance personal health and community health care delivery throughout the State with the ultimate goal of eliminating all HPSA counties by delivery services via the Utah Telehealth Network (UTN). The realization of this vision faces some challenges, but the rewards for engaging in this cause dramatically outweighs both costs and the dedicated effort necessary to succeed.

The future development of Telehealth service in Utah will be guided by five principles:

1. **Equal Access** – The underlying principle is to facilitate equal access to medical services to all Utahns' particularly in the State's HPSAs.
2. **Standards Compliance** – All participating health care service providers must meet the minimum inter-operability, and connectivity standards defined by the Utah Telehealth Network, to become eligible Telemedicine and Telehealth Service Providers.
3. **Fiscal Responsibility** – The primary goal of Telehealth is to provide the platform for health care service delivery to a medically underserved population. Nevertheless, the Commission approval, and UTN infrastructure support for projects and on-going services will be evaluated with an analysis of capital and recurring costs as a key factor in the approval process for all programs.

4. Keep it Simple – UTN services must remain simple to use and relevant to the needs of patients and providers alike. The Commission’s guiding principle is to refrain from implementing technical or administrative procedures within the UTN platform that will interfere with the patient/provider relationship or the delivery of medical services.
5. Assess and Reassess – The implementation of a comprehensive telehealth strategy is not a static exercise. A comprehensive strategic plan will guide the on-going implementation of telehealth in the State. The Telehealth Strategy and its underlying recommendations will be based on evaluation and assessment of technology, need, and cost. The management of the Telehealth Strategy will be further refined by revisiting all of its elements annually, with an emphasis on improvement, based on acquired knowledge, changing needs and technologies.

With these guiding principles, the Commission offers the enclosed report of its activities to date and recommendations for the continuance of this important and worthy activity.

Respectfully,

Dennis R. Hauze
Chairperson
Utah Telehealth Commission

Kitty Dunn
Vice-Chairperson
Utah Telehealth Commission

cc: Governor Michael O. Leavitt
Lt. Governor Olene Walker
Senate President Al Mansell
Senate Leadership
House Speaker Martin R. Stephens
House Leadership
Rod Betit, Executive Director, Department of Health
Iona Thraen, Director, Division of Health Systems Improvement
Marilyn Haynes-Brokopp, Director, Bureau of Primary Care, Rural, and Ethnic Health
Utah Telehealth Commission Members
Phil Windley, Director, Information Technology Services
Kim Hood, Utah Office of Planning and Budget

Enc.

Utah Telehealth Commission Annual Report

The Utah Telehealth Commission

The purpose of the Utah Telehealth Commission (hereinafter referred to as the “Commission”) is to formulate a Strategic Plan to promote and advance telehealth throughout the state, in order to:

- Improve access to health care in medically underserved areas,
- Enhance dissemination of health-related education,
- Assist delivery of public health services and health administration, and
- Support emergency preparedness.

Additionally, the Commission is responsible for evaluating and making recommendations on state policy and budget proposals dealing with telehealth to the Department of Health, Information Technology Services (ITS), the Governor and Legislature, and other state entities. The Bureau of Primary Care, Rural, and Ethnic Health provides staff to the Commission.

The Utah Telehealth Network

The Utah Telehealth Network (UTN) is the operational organization, providing Telehealth support services within the State of Utah. UTN seeks to reduce the health care divide by creating an open electronic “virtual” network that links rural health care facilities, health departments and community health centers with larger rural and urban health care facilities.

The Role of Telehealth in Utah

Telehealth provides the infrastructure for access. It is **not** medicine, it is **not** nursing - it **is** a means of bringing people together. Telehealth is the use of telecommunications to support the delivery and receipt of health care across distance. It has recently emerged as an effective way to facilitate general and specialty health care services and is poised to enter the mainstream as an integral mechanism much to the benefit of patients, providers, and payers. Because telehealth will become a significant part of the future of health care, it is critical for Utah to define its role and usage in broad terms and to support it with enabling legislation that provides a solid framework for managing the opportunities and challenges presented by this emerging trend.

Currently, the Utah Telehealth Network provides interactive video capabilities to three rural health care facilities, and data connectivity to five sites throughout Utah. Seven additional sites will be added within the next year. The network hub, located at the University of Utah Health Sciences Center, also links UTN video sites with the state’s Information Technology Service video sites including the Department of Health, the Utah State Prison, and out-of-network sites such as Shriners Hospital for Children - Intermountain. By linking health care entities throughout the State, UTN seeks to improve access to health care services for patients of all ages, reduce isolation, and foster retention of health care practitioners in rural Utah. UTN will continue to promote an open network

Utah Telehealth Commission Annual Report

into which all Utah health care providers may connect. Lastly, UTN, the Commission and the State of Utah Information Technology Services are working closely to advance rural telehealth.

The Commission has identified specific areas that are critical factors contributing to the continuing improvement and development of quality and accessible health care to all residents of Utah.

1. **Leveling the Health Care Divide:** Forty percent of Utah's population does not have adequate local access to medical care. All counties in Utah are federally designated as partial or whole-county Primary Care and Dental Health Professional Shortage Areas (HPSAs). Twenty-seven of Utah's 29 counties are designated as partial or whole-county Mental Health HPSAs. Specialty care and continuing education for health professionals is similarly limited in most of rural Utah. Telehealth is a mechanism by which these significant shortages can be addressed.
2. **Economic Development Partnership:** The State Economic Development initiative has a significant stake in the health care delivery system. Improved access to health care services will help ensure a healthier population. Telehealth and Economic Development strategies need to mesh on the issue of access and quality of health care services statewide. The State is best served if its Telehealth and Economic Development strategies are coordinated. Public/private sector collaboration in the research, development and implementation of statewide telehealth applications should be improved. This will maximize the economic development potential and strengthen Utah industry's ability to address State health needs. Success in this arena will facilitate the export of market opportunities to other states and countries.
3. **Support of Public Schools:** Access to telehealth by the public school system provides the opportunity for two important areas of support and collaboration:
 - a. **Health Education:** Telehealth can bring expert health professionals into the classroom to meet via interactive video network with students in public schools and facilitate a broad spectrum of health education encounters that would not otherwise be possible.
 - b. **On-Campus Assessment and Triage:** Telehealth can leverage limited school budgets and health care resources to provide students and teachers with on-campus access to providers across distance for emergency and public health encounters.
4. **Emergency Preparedness:** The multiple threats of suicide attacks on the World Trade Center and Pentagon, and the subsequent anthrax bio-terrorism attacks have raised the bar for measuring disaster preparedness. A statewide telehealth information technology

Utah Telehealth Commission Annual Report

infrastructure and specific technical assistance to implement appropriate medical and health emergency preparedness applications is fundamental to comprehensive local and regional disaster planning.

Typically, local, state-trained and untrained responders are first on the scene of natural and man-made disasters. Telehealth does have a significant impact on disaster management by providing ancillary, administrative, and clinical support. Properly implemented and incorporated into emergency preparedness planning, telehealth will provide the situational awareness necessary for disaster relief agencies, non-government organizations, and medical personnel to plan and provide an adequate, appropriate response to threat or disaster.

The Commission's plans include an aggressive lobby to secure federal funds for the development and sustainability of telehealth in Utah, with a focus on solutions for the four critical factors stated above.

The newly created federal Office of Homeland Security has identified the provision of medical triage and treatment, public health, and emotional and psychological support services to be a critical element for agile response to threats against our national security. The Office of Homeland Security has been charged to work with federal, state and local agencies, as well as private entities, to "coordinate national efforts to ensure public health preparedness for a terrorist attack . . ."

The American Telemedicine Association (ATA) has proposed "the establishment of a Telemedicine/Telehealth Task Force within the Office of Homeland Security. ATA is calling for cost-effective, ubiquitous deployment of a wide spectrum of telecommunication services enabling telemedicine applications to be provided in all areas of the country".

The National Telecommunications and Information Administration (NTIA, Dept of Commerce) has just announced \$12.5M in grants for telemedicine and homeland security for FY2002.

Policy Issues Related to Telehealth

Telehealth technology may affect traditional health care relationships and practice patterns. State and Federal agencies must work to clarify the legalities, administrative, reimbursement and quality standards for practicing across jurisdictional boundaries.

The Commission has defined the primary barriers to widespread telehealth implementation in Utah to include the following:

1. Lack of definition of the respective telehealth roles of the public, private for-profit, and non-profit sectors

Utah Telehealth Commission Annual Report

2. Record-keeping standards, including security and confidentiality
3. Applicable standards of care
4. Reimbursement, public and private
5. Communications infrastructure in rural Utah including last mile accessibility
6. Affordable Platform and Infrastructure Technology Standards
7. Adequate funding (e.g. grants and sustainable reimbursement models)

The Commission is currently in the process of developing specific public policy and budgetary recommendations for the consideration of the appropriate executive and legislative bodies.

Changing Telehealth Needs and Resources in Utah

At the request of Governor Leavitt, the 1995 Utah Legislature approved \$200,000 one-time funding to support a pilot project for telemedicine. At the same time, the University of Utah Health Sciences Center established the Telemedicine Outreach Program, developed to link the Health Sciences Center with its clinic on the Nevada border. The Bureau of Primary Care, Rural, and Ethnic Health, Utah Department of Health, contracted with the Telemedicine Outreach Program to implement the pilot project, which utilized existing hub infrastructure at the University of Utah. This was the origin of the Utah Telehealth Network (UTN). Additional one-time funding (FY 97 \$150,000, FY 98-FY00 \$100,000) awarded by the Legislature was used to further the development of UTN. While no funding was provided in FY 01, the Legislature provided funding in FY 02 for the telehealth network, and telehealth pharmacy hardware for San Juan and Grand County (\$435,000); and a pilot telepharmacy project which includes San Juan County (\$100,000). The Bureau of Primary Care, and Ethnic Health is administering the contract for both programs.

UTN relies on Federal and State funds for operation, as well as continued support from the University of Utah Health Sciences Center. During fiscal year 2001, when no State funds were available, the program stagnated. A loss of State funding would impair all aspects of the Program, including the continuing development of the new telepharmacy project (funded this year through HB 89). Additionally, UTN's Federal grant, through the Office for the Advancement of Telehealth is limited to three years. Less than two years are remaining on this grant.

The Commission recommends the following:

1. The UTN should continue to explore cooperative arrangements between the two other state videoconferencing networks in areas where patient privacy and medical patient

Utah Telehealth Commission Annual Report

confidentiality are not at issue. Where patient privacy and confidentiality are at issue, UTN will continue to explore and develop infrastructure that meets the appropriate federal Health Insurance Portability and Accountability Act (HIPAA) requirements.

2. The Bureau of Primary Care, Rural and Ethnic Health should continue to perform needs assessments regarding telehealth services in relationship to population growth and health professional shortages.
3. The Commission should continue to explore and develop a participatory plan for health industry involvement in telehealth, as an additional ongoing and sustainable funding source.
4. The Commission should oversee steps taken toward self-sustainability of UTN including the contribution of network sites. Medicaid should adopt the Medicare reimbursement model, providing for a facility fee to help sustain UTN.
5. The Legislature should approve ongoing State funding of \$200,000 per year (this represents a decreasing percentage of total network costs but helps support the “serving the underserved” mission by keeping member site contributions affordable), to begin in fiscal year 2004. This ongoing support can continue to be administered via an ongoing contractual arrangement between the Department of Health and the Telemedicine Outreach Program.

Matters Relating to the Utah Telehealth Commission

The Commission recommends the following legislative action:

1. Reorganize the Commission as a “standing” Commission with no sunset date.
2. Formalize the Commission’s role as an advisory and non- regulatory oversight body for telehealth services provided by UTN.
3. Provide adequate funding to support the tasks charged to the Commission by the Legislature.
4. Encourage the Executive Branch through its various departments to participate in, and support the Commission in the development of its master plan for Telehealth in Utah.

The Commission would like to express its deep gratitude and appreciation to Lieutenant Governor Olene S. Walker, Representative David L. Hogue, and Representative Loraine T. Pace for their support of the Utah Telehealth Commission during its first year of operation.